BEST AVAILABLE COPY

								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO							RD	/				
Effective October 1, 2000								09805483 /Biowe-19				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			38				RA	ΤE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			38 minus 20=		. 18		X\$ 9= 162		162	OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		· @.		X40=		/	OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT				+135=			OR	+270=	
* If	the difference i	in column 1 is	less than zero, enter "0" in co			olumn 2	TO	TOTAL 577		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER THAN OR SMALL ENTITY	
(Column 1)			(Colum			(Column 3)	SM	SMALL E		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40=			OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT C			T CLAIM		+1	35=		OR	+270=		
							<u> </u>	TOTAL			TOTAL	
	(Column 1) (Column 2) (Column 3								<u> </u>		ADDIT. FEE	
	• CLAIMS		HIG		HEST				ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER OUSLY FOR	PRESENT EXTRA	R/	ATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=] Xs	9=		OR	X\$18=	
	Independent		Minus	***	T 61 411	=	X40=			OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPEND		ENDEN	CLAIM		」	 35=		OR	+270=		
TOTAL										OR	TOTAL	
(Column 1) (Column 2) (Column 3)								T. FEE		1	ADDIT. FEE	
_		(Column 1) CLAIMS		ADDI	1		ADDI-					
AMENDMENT C	, 44	REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	X	9=		OR	X\$18=	
	Indep ndent	*	Minus	***		=] X	 40=		OR	X80=	
	FIRST PRESENTATION OF MU		ULTIPLE DEPENDEN		T CLAIM		┛┡╌		 	1		
						-l., 0		35=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
"	*If the "Wighort Ni	ımber Previously F nber Previously Pa	Paid For" IN TH	IS SPACE	is less th	an 3. enter "3."				x in co	olumn 1.	